


**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90216 042 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # N93000003514**

1. Entity Name  
**G.V.P. CONDOMINIUM ASSOCIATION, INC.**



40090083



04262008 Chg-NP CR2E037 (12/06)

Principal Place of Business  
 5455 S.W. 8TH ST.  
 #105  
 MIAMI, FL 33144

Mailing Address  
 10556 N.W. 26TH STREET  
 #203  
 MIAMI, FL 33172

2. Principal Place of Business - No P.O. Box #  
**5455 S.W. 8th St.**

3. Mailing Address  
**10556 NW 26th St.**

Suite, Apt. #, etc.  
**# 105**

Building, Apt. #, etc.  
**Ste D 203**

City & State  
**MIAMI, FL**

City & State  
**DOREL, FL**

Zip  
**33144**

Country  
**USA**

Zip  
**33172**

Country  
**USA**

4. FEI Number  
**65-0472196**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ARRON, ORLANDO**  
**10556 N.W. 26TH STREET**  
**#203**  
**MIAMI, FL 33172**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
**FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when releasing)

Filing Fee is **\$61.25**  
 Due by **May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PO	CABO, ANDRES	5455 SW 8TH SUITE 135	MIAMI, FL 33144	<input type="checkbox"/>
D	BENTACOURT, MIGUEL	5455 SW 8 ST STE 210	MIAMI, FL 33144	<input type="checkbox"/>
VD	RODRIGUEZ, ORENS	5544 SW 8 ST STE 240	MIAMI, FL 33144	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
SECRETARY	ORLANDO ARRON	10556 NW 26th St. Ste D203	DOREL, FL 33172	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied on this filing does not qualify for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the registered trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment, on or after, with all the fees required.

SIGNATURE: ANDRES CABO President 4/25/08 (305) 577-4050

Signature, typed or printed name of signing officer or director